

2009 ELECTION CYCLE
SOS-MEDelbert Hosemann
SECRETARY OF STATECANDIDATE'S REPORT
OF RECEIPTS AND DISBURSEMENTS
2009 SPECIAL ELECTIONCandidate's Name Julia WeaverFull Address 334 Lovers Lane Ocean SpringsTelephone 228-872-2670 (Fax) _____E-mail julia.weaver@att.netOffice Sought Alderman at large Political Party Democratic☐ Check here if above is different from previous report

TYPE OF REPORT

☐ October 27, 2009 Pre-Election Report (January 1, 2009, through October 24, 2009) All Primary Candidates☐ November 17, 2009 Pre-Runoff Report (October 25, 2009, through November 14, 2009) Runoff Candidates☒ January 29, 2010 Annual Report (November 17, 2009, through December 31, 2009) All Candidates and Political Committees☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | (itemized + non-itemized) | This Period | Calendar year-to-date |
|-------------------------------|---------------------------|--------------|-----------------------|
| Total amount of contributions | 10,455 | \$ 800 | \$ 11,255.00 |
| Total amount of disbursements | 7,154.12 | \$ 6,240.46 | \$ 13,394.58 |
| Total amount of cash on hand | | \$ -2,139.58 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates associated with county elections should return the completed form to their Circuit Clerk.

2. Candidates associated with statewide or multi-county elections return form to

Delbert Hosemann, Secretary of State, Elections Division, PO Box 136, Jackson, Mississippi 39205 or fax (601) 359-1499.

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Name of Candidate or Committee Julia Weaver
 Reporting period May 26 2009 through Jan 1 2010

ITEMIZED DISBURSEMENTS

| | | |
|------------------------------------|---------------------------|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>First American Printing</u> | <u>5/14/09</u> | \$ <u>189.18</u> |
| Mailing Address | | |
| <u>One Choctaw Trail</u> | <u>5/21/09</u> | \$ <u>189.18</u> |
| City, State, Zip Code | | |
| <u>OS MS</u> | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>5/31/09</u> | \$ <u>1,011.00</u> |
| Mailing Address | | |
| | <u>5/31/09</u> | \$ <u>2,093.92</u> |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| <u>Campaign postcards</u> | | |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u>5/31/09</u> | \$ <u>189.18</u> |
| Mailing Address | | |
| | | \$ |
| City, State, Zip Code | | |
| | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Ocean Springs Yacht Club</u> | <u>6/2/09</u> | \$ |
| Mailing Address | | |
| | | \$ |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>2,568</u> |
| <u>Election Night Party</u> | | |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | | \$ |
| Mailing Address | | |
| | | \$ |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | | \$ |
| Mailing Address | | |
| | | \$ |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>6,240.46</u> |
| | | |

For this
Reporting Period